


Arizona Department of Financial Institutions		
<div>Collection Agency License Renewal</div> <div>Instructions</div>		
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Read Carefully and Make Note

This information affects the accurate and timely renewing of your license.

As long as a license was issued on or before 11/30/2007, the license must be renewed.

Time Sensitive: Arizona Revised Statutes Section 32-1025 requires that your renewal package be received in our office **on or before January 1**, and does not provide for an extension of time to file your renewal. The license renewal must be received at the Department not later than January 1, 2008. Because the renewal deadline is during the holiday season please take steps to insure your renewal is submitted timely. **Note: a renewal application must be submitted only for your principal place of business office and all Arizona branch offices.**

Complete all questions on the renewal application and financial statement they refer to the principal place of business whether located in-state or out-of-state. If your principal place of business is located in Arizona, remember to also renew all operating branch locations.

Pre-Renewal Requirements The licensee is required to notify this department at the time changes are being made regarding the license (e.g. licensee name, address, office closure, bond, change of control, change of the top five officers/partners/directors). Your renewal is not complete until these changes have been processed by this Department. **Note:** If the licensee waits until renewal time to notify the department of any changes regarding their license, a civil money penalty may be assessed.

How To Make Changes To Your License: For instructions on how to make changes to your current license visit our website at azdfi.gov click Licensing then click Changing your License. To acquire the necessary forms download the Collection Agency Application.

Financial Statement: A.R.S. Section 32-1025 requires that a **current** financial statement (**not older than six months**), accompany the renewal application. **If you are unable to file your financial statement with the renewal package, you may include a letter requesting an extension of time to submit the financial statement (good cause for extension must be documented).** If the extension is granted, the financial statement must be submitted **not later than March 1, 2008.**

Download Now: www.cc.state.az.us to download Certificate of Good Standing Licensees must provide, with their renewal, a "current" (November 1st, 2007 or newer) Certificate of Good Standing from the ARIZONA Corporation Commission ("ACC"). If the licensee is domiciled in another state you must also provide a "current" (November 1st, 2007 or newer) Certificate of Good Standing from the state you are incorporated.

To verify that this department received your renewal, check with your courier or the mail delivery service that you used. AND/OR Check with the bank to see if the check cleared the account. Phone verifications will not be done until after all Renewals have been processed.

To Verify WHEN your renewal has been renewed by the Department, visit our website at azfdi.gov, click List of Licensees click Collection Agency then do Ctrl + F to activate the find feature, enter the licensee name or license number. Our website updates nightly. Licensees only appear on our website if their status is ACTIVE. Your license has renewed if 1/31/2008 appears in the Expires date field. Renew early to allow for renewal processing time. **New license certificates are issued the first of February.**

Renewal Contact: Your **Active Manager and/or the President** will be the parties that will be directly advised by this Department of any and all of the renewal issues. Therefore, if any of the licensee's concerned individuals have any questions about how the renewal is progressing or why it has not been renewed, contact these individuals for an update.

Arizona Administrative Code R20-4-1520 (B) requires a collection agency to maintain a record of fictitious names used by each of its debt collector(s). A copy of the record must also be filed with the Department on July 1 and December 31 of each year.



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Legibly Print Or Type All Information - Do not leave any blanks

There must be an answer provided for each inquiry therefore, if not applicable use "None" or "N/A"

Do not add attachments in lieu of completing our form.

1. Principal Primary Licensed Location:

Company Name:			License #: CA-
Doing Business As:			
E-Mail Address:			
Physical Address:			
City:		State:	Zip Code:
Telephone Number:	FAX Number:	Tax ID Number:	Fiscal Year End MO / DAY

2. Mailing Address if different from the above:

Physical Address:		E-Mail Address:	
City:	State:	Zip Code:	Telephone Number:
		FAX Number:	

3. Corporate Address if different from number 1 above:

Company Name:			
Physical Address:		E-Mail Address:	
City:	State:	Zip Code:	
Telephone Number:		FAX Number:	

4. Current Ownership. If applicant is owned by an entity, provide the name of the entity and its corporate financials. If owned by individuals, provide the names and percentage owned of each person. List additional owners on a separate sheet.

Name	Title	% Owner
Ownership Must total 100%		%

5. Control. List all persons who have the power to vote more than twenty percent of outstanding voting shares of the licensed corporation.

Name	Title	% of outstanding voting shares

6. List the top 5 officers and directors of the licensee:

a.	Officer Title	Name	Direct Business Telephone Number	Date Assumed Office	Years of Experience in this Business
b.	Officer Title	Name	Direct Business Telephone Number	Date Assumed Office	Years of Experience in this Business
c.	Officer Title	Name	Direct Business Telephone Number	Date Assumed Office	Years of Experience in this Business
d.	Officer Title	Name	Direct Business Telephone Number	Date Assumed Office	Years of Experience in this Business
e.	Officer Title	Name	Direct Business Telephone Number	Date Assumed Office	Years of Experience in this Business



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7. Active Manager ("AM"): (Must be an employee who has principal active management authority over the business of the licensee in this state)

Title :	Name			
Address:		City:	State:	Zip Code:
Direct Telephone Number & Extension:		FAX Number:	Email Address	

8. Since the license was issued (1/01/06 to 12/31/06) or since the last renewal (1/1/06) has the licensee or any owner, officer, director, AM or partner thereof: **If you answer "Yes" to any of these questions you must attach the appropriate paperwork (description & final disposition)**

a. been convicted of a criminal offense other than minor traffic violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. been sued in a civil action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. had a final judgment issued against him/her?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. filed bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. had an order entered against him/her been indicted, been informed against or found guilty by an administrative agency of this state, the Federal government or any other state or territory of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. List all occupational or professional licenses the licensee, any owner, officer, director, AM or partner holds or has held, which have been refused, denied, revoked or suspended by any State or the Federal Government **since the license was issued** (01/01/2007 to 12/31/2007) or since the last renewal (01/01/2007). Attach copies of full disclosure. Write "None" or "NA" if not applicable.

a. Name on License	Type of License	Issue Date	Expiration Date
Name of Licensing Agency	Type of Action	MC / DAY / YEAR	MC / DAY / YEAR
b. Name on License	Type of License	Issue Date	Expiration Date
Name of Licensing Agency	Type of Action	MC / DAY / YEAR	MC / DAY / YEAR
c. Name on License	Type of License	Issue Date	Expiration Date
Name of Licensing Agency	Type of Action	MC / DAY / YEAR	MC / DAY / YEAR
d. Name on License	Type of License	Issue Date	Expiration Date
Name of Licensing Agency	Type of Action	MC / DAY / YEAR	MC / DAY / YEAR

10. Branch(es) Renewing in Arizona Only. Do not count or list the Principal Location #1 as a Branch.

a. Address	License #:		
City:	State:	Zip Code:	Telephone #
	AZ		
b. Address	License #:		
City:	State:	Zip Code:	Telephone #
	AZ		

BONDING REQUIREMENTS: A.R.S. Section 32-1021 (B)(2) requires that all licensees maintain a surety bond. Section 32-1022 mandates that the amount of the bond be based on the licensee's gross annual income for the preceding year. Please review the following to complete item 11 of the renewal application:

<u>Income Base</u>	<u>Minimum Bond Required</u>
--------------------	------------------------------

Not over \$250,000	\$10,000
\$250,001 to \$500,000	\$15,000
\$500,001 to \$750,000	\$25,000
\$750,001 and over	\$35,000

If your Arizona Gross Collection Income (Financial Statement Section 4, Line 24) has increased during the preceding license year, the amount of your surety bond may need to be increased. If the amount of required coverage has increased, contact your bonding agent to request a rider to the current surety bond. **The original rider must reflect the new amount of required coverage and must be submitted with your renewal. All surety bond riders must contain an effective date of not later than February 1, 2008.**

A.R.S. Section 32-1022 (D) provides for a cash alternative to a surety bond. In the event that you have a certificate of deposit in lieu of a bond and your required bond amount has increased, it will be necessary for additional funds to be deposited with the Superintendent in order to be in compliance with the bonding requirement. **Contact the Department to obtain an assignment form. Any new surety bonds, or bond riders must list the exact licensee name as the insured. Please refer to your current license and Items 1 and 2 of the renewal form to ensure the correct name is listed on the surety bond or rider, including the trade name if applicable.**

Bond Calculation:

- a. Gross annual income as reported on page 4, line 24 of the financial statement enclosed: \$ _____
- b. Bond amount required: \$ _____

NOTE: If you have a certificate of deposit in lieu of bond and your required bond amount listed in item "b" above has changed, contact the Licensing Division at 602-255-4421.



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11. Required Bond Coverage: If. NO to any of the following provide a written explanation on separate sheet.

a. Based on this bond chart are you currently carrying the appropriate bond coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If no above, have you enclosed a surety bond rider adjusting the bond showing the Arizona Revised Statute required amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Has bond of not less than ten thousand dollars as required under A.R.S. Sections 32-1021 and 32-1022 been maintained in full force and effect at all times during the reporting period?	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. General Information: If. YES to any of the following provide a written explanation on separate sheet

a. Has applicant aided or abetted, directly or indirectly or indirectly, any person, persons or organizations in evading or violating any of the provisions of this article?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have any lawsuits been filed against the collection agency during the reporting period which related in any manner to the licensee's business as a collection agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have there been any changes during the reporting period in the name under which applicant does business or address at which the business is conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. 1. If. NO to any of the following provide a written explanation on separate sheet

c.1.. If yes, to "c" above, have those changes been filed with the Superintendent as required by A.R.S. 32-1055.D.5?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Has applicant rendered an account of and paid to all clients, for whom collections have been made, the proceeds collected, less collection charges as agreed to between applicant and client within thirty days from the last day of the month in which collections have been made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Has applicant deposited with a local depository all money collected by him and due and owing clients, and kept such money deposited until remitted to such clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Has applicant kept a record of money collected and the remittance of such money?	<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Organizational Ownership Chart: (including holding company with subsidiaries)

Have you included an organizational chart? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable

14. Arizona – Certificate of Good Standing:

Have you attached the Certificate of Good Standing with this renewal?
<input type="checkbox"/> Yes <input type="checkbox"/> No

15. State of Domicile - Certificate of Good Standing:

Have you attached the Certificate of Good Standing with this renewal? Do <u>not</u> hold up filing the renewal application because you are waiting for this Certificate.
<input type="checkbox"/> Yes <input type="checkbox"/> No If No, provide date when this department can expect it to be provided.

16. Accounting Firm that audits your books and records.

Name:			
Address:	City:	State:	Zip Code:
Contact Person	Telephone Number:	FAX Number:	

17. Renewal Fees:

Fees

Principal Primary Licensed Location: See #1 on first page.		\$600.00
Current number of branch locations renewing in Arizona ONLY:	Total #	X \$200.00 = \$
	Total All Lines	\$
Pay the amount entered here all on one check		\$

18. Before packaging this renewal to submit are all the following items Complete, Accurate, Attached & Enclosed?

- ☐ Legibly print or type all answers
- ☐ Answer ALL blanks, questions or statements AND if not applicable with "NONE" or "N/A"
- ☐ Arizona – Certificate of Good Standing:
- ☐ Financial Statement
- ☐ Fictitious Names Report
- ☐ Application 4th page signed by an Officer of the Licensee & is it Notarized and includes the notary seal/stamp
- ☐ Made and kept copies for your records and or to amend if needed
- ☐ Enclose all prescribed fee(s) on **ONE** Check for **ONLY** this **Renewal Application** package for the total amount of renewal (all licensing changes)
- ☐ Enclosing **ONLY** this Licensee's Original Renewal Application in this package

AND if applicable, the following:

- ☐ Properly labeled all attachments to correspond with the applicable application numbers (full disclosure / description & final disposition documents)
- ☐ Appropriate bond coverage
- ☐ State of Domicile - Certificate of Good Standing:
- ☐ Enclose ownership **Organizational Chart** including holding company with subsidiaries
- ☐ Included **ALL** required documents and fees for any **Changes To Your License** with the renewal



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SUBMIT:

- ☐ Made payable to: Arizona Department of Financial Institutions or AZDFI
- ☐ And Remit To: Attention: Licensing Division
2910 N. 44th Street, Suite 310
Phoenix, AZ 85018

19. License Compliance Officer to whom inquiries on deficient renewal application can be directed.

Name:	Title:	E-Mail Address:		
Direct Telephone Number & Extension:		FAX Number:		
Business Address:		City:	State:	Zip Code:

- 20. AFFIDAVIT: Signing Officer must have previously submitted a personal history statement and fingerprint card to the department to be eligible to sign this Affidavit. If you are not certain, then have the officer who signs this Affidavit submit both the above two items along with a \$29 fingerprint processing fee. To acquire the necessary forms from our webpage at azdfi.gov click Licensing download the Collection Agency Application and order the fingerprint card from this location.**

Affidavit - Must be signed by an officer of the Licensee and notarized.

STATE OF _____

SS

COUNTY OF _____

I (print signing officers' name) _____ being duly sworn, depose and say that I have signed the foregoing application as (print officers' title) _____ of the above named applicant, having full authority to sign such application in said capacity; that I have read said application and that the information contained therein is true.

Date _____ (Officers' Signature) _____

Subscribed and sworn to before me this _____ day of _____ 20 ____

My Commission Expires _____ (Notary Public Signature) _____

Section 3

If no fictitious names are used, enter "N/A" and include the form with your renewal application. If more space is needed, print this page as many times as needed and staple them all together.

Company Name:			License #: CA-
Doing Business As:			
Address:	City:	State:	Zip Code:

[illegible]

Date _____

Signature of Licensee or Active Manager



Collection Agency License Financial Statement

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Financial statement for the period beginning (m/d/y) ____ / ____ / ____ and ending (m/d/y) ____ / ____ / ____ (must be within the last six months) is hereby submitted.

1. Principal Primary Licensed Location: Complete as you did on page 1 of your renewal.

Company Name:			License #: CA-	
Doing Business As:				
Address:		City:	State:	Zip Code:
Direct Telephone Number & Extension:		FAX Number:		

Information on the financial statement must be for the collection agency only.

Do not include personal items or the consolidation of other businesses.

I. BALANCE SHEET (As of the end of the reporting period).

(A) ASSETS

Dollars

1. (a) Cash – Client Trust	
(b) Cash – Other	
2. Notes Receivable - Secured	
3. Notes Receivable - Unsecured	
4. Accounts Receivable - Current	
5. Accounts Receivable - Past Due	
6. U. S. Govt. obligations	
7. Real Estate (Part III, line 5)	
8. Stock, bonds & other investments (Part IV, line 9)	
9. Other Assets (Part V, line 9)	
10. TOTAL ASSETS (sum of lines 1 thru 9)	

NOTE:

Line 10 Must Equal Line 25

Line 24 Must Be Positive

Line 1(a) Must be Greater Than or Equal to Line 12(a)



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(B) LIABILITIES

Dollars

11. Notes Payable	
12. (a) Accounts Payable – Client Trust	
12. (b) Accounts Payable – Other	
13. Accrued Taxes	
14. Accrued Interest	
15. Subordinated Notes & Debentures	
16. Due to affiliates	
17. Other liabilities (Part VI, line 7)	
18. TOTAL LIABILITIES (sum of lines 11 thru 17)	

(C) NET WORTH

19. Preferred stock	Number of shares outstanding	_____	_____
	Par value per share	_____	
20. Common stock	Number of shares authorized	_____	
	Number of shares outstanding	_____	_____
	Par value per share	_____	
21. Additional paid-in capital			_____
22. Retained earnings (deficit)			_____
23. Treasury Stock			_____
24. TOTAL NET WORTH (sum of lines 19 thru 23)			* _____
25. TOTAL LIABILITIES & NET WORTH (sum of lines 18 & 24)			_____

II. STATEMENT OF CHANGE IN NET WORTH/EQUITY

	Capital Stock	Additional Paid-in Capital	Retained Earnings (Deficit)	Treasury / Stock	Total Equity
Balance, Beginning					\$
Dividends/Distributions					
Net Income (Loss**)					**
Other					
Balance, Ending*					*\$

NOTE:

* Ending balance must agree with Line 24 Of Section I (above).

** Net Income must agree with page 4, Line 23



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III. SCHEDULE OF REAL ESTATE OWNED

Description & Location	Title & Owner	Cost	Appraisal Value	Mortgages	Tax Value	Insurance
1.						
2.			\$	\$	\$	\$
3.			\$	\$	\$	\$
4.			\$	\$	\$	\$
5. Total Real Estate Owned		\$				

IV. SCHEDULE OF STOCKS, BONDS AND OTHER INVESTMENTS

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
1.	\$	5.	\$
2.	\$	6.	\$
3.	\$	7.	\$
4.	\$	8.	\$
		9. Total Stocks, Bonds and Other Investments	\$

V. SCHEDULE OF OTHER ASSETS

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
1.	\$	5.	\$
2.	\$	6.	\$
3.	\$	7.	\$
4.	\$	8.	\$
		9. Total Other Assets	\$

VI. SCHEDULE OF OTHER LIABILITIES

Name of Creditor	Amount	Type of Obligation	Description of of Security	Amount of Security
1.	\$			\$
2.	\$			\$
3.	\$			\$
4.	\$			\$
5.	\$			\$
6.	\$			\$
7. Total Other Liabilities	\$			

VII. SCHEDULE OF CONTINGENT LIABILITIES

1. Upon Notes or Accounts Receivable Discounted Sold, or Assigned	\$
2. As Guarantor for Other on Notes Bonds Contracts, etc.	



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3. Any Other Contingent Liability

Total Contingent Liabilities \$

VIII. STATEMENT OF INCOME AND EXPENSES

1. Income

2. Income from Collections

\$

3. Profit (or loss) on investments

\$

4. Income from investments

\$

5. Other Income (Part XI (A), Page 5)

\$

6. Total Income (sum of lines 2 thru 5)

\$

7. Expenses

8. Salaries

\$

9. Accounting Services

\$

10. FICA taxes

\$

11. Other taxes

\$

12. Supplies

\$

13. Depreciation

\$

14. Insurance & bonds

\$

15. Advertising

\$

16. Interest

\$

17. License & examination fees

\$

18. Office expenses

\$

19. Other expenses (Part IX (B), Page 5)

\$

20. Total Expenses (sum of lines 8 thru 19)

\$

21. Profit (Loss) (line 6 less line 20)

\$

22. Income Taxes

\$

23. Net Profit (Loss) (line 21 less line 22) **

\$

24. Arizona Gross Annual Income Include in line 6
(above)***

\$

NOTE:**Line 23 must agree with Part II, page 2 of Financial Statement.*******This figure to be used to calculate the amount of your required surety bond.**



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Financial Statement

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XI. (A) SCHEDULE OF OTHER INCOME (Part VIII, Line 5):

Detail all items that exceed 10% of total "Other Income":

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

All other income

Total Other Income

(B) SCHEDULE OF OTHER EXPENSES (Part VIII, Line 19):

Detail all items that exceed 10% of total "Other Expenses":

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

All other expenses

Total Other Expenses

Date: _____

Prepared by: _____

Phone #: _____

VERIFICATION***Must be signed by an officer of the Licensee and notarized***State of _____)
) ss

County of _____

I, (name of person signing financial statement) _____ being duly sworn, depose and say that I have personal knowledge of the matters contained in and attached to this financial statement and everything contained therein is true and correct to the best of my knowledge and belief and that I have signed this financial statement as (official capacity) _____ of the above named applicant/licensee, having full authority to sign such financial statement in said capacity.

Signature

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary Public

(Notarial Seal)

My commission expires _____